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PERTUSSIS.

FROM DR. GERHARD'S LECTURES ON DISEASES OF THE CHEST.

Besides the modifications of bronchitis which depend upon the duration of the disease, and the age or other peculiarities of the individual, there are other varieties which are specific in their character, and depend upon a peculiar condition of the system, produced by a constitutional disorder. Of these varieties one of the most frequent is pertussis, or hooping cough. This is an affection of the nervous system accompanied by bronchitis, in which sometimes the one, sometimes the other, predominates; the affection of the nervous system being in some cases very severe, with but little cough, whereas the cough is frequently very bad, with comparatively slight nervous symptoms. We almost always meet with this disease in children, though adults are occasionally attacked by it. It is a self-limited disease, and therefore cannot be cut short by treatment, although its complications may be removed or palliated. Though the inflammation of the bronchial tubes is merely the local part of the disease, yet it is in one sense the most important, for patients generally die of the bronchitis and its immediate effects. The secretion from the mucous membrane is much greater than in ordinary varieties of bronchitis; and in children it tends constantly to accumulate in the inferior parts of the tubes: they are in this way gradually enlarged until permanent dilatation results. The thickening and congestion of the mucous membrane do not differ from the same alterations in ordinary bronchitis. When a fatal termination occurs, it generally arises from the feebleness of the patient, and a consequent inability to expectorate, or, as is the case with children, to discharge the secretions by vomiting.

The parenchyma of the lungs may become congested and inflamed, producing a pneumonia which may prove fatal.

The principal sign of this disease is the peculiar whooping character of the inspirations: this is caused by the forcible expulsion of air from the chest, in fits of coughing, and sometimes occurs in other forms of bronchitis, which, however, do not often possess the paroxysmal character of pertussis. In addition to the cough we meet with the rhonchi, both dry and moist, and very often with a gurgling caused by the collection of fluid in the dilated bronchi. The cough usually lasts for several weeks; it then declines gradually, and the rhonchi disappear. It is gradual in its attack, being at first slight, and then becoming violent.

It comes on in paroxysms, of which, in mild cases, there are usually five or six during the day, the patient being free from cough in the interval. In severe cases the number of paroxysms is much greater. They sometimes occur as often as once an hour, and occasionally there is only an interval of a few minutes. In such cases the patient generally dies of exhaustion. The secretion in the bronchial tubes consists of thick, glairy mucus; when it has continued for a long time, it sometimes contains a small portion of pus, intermixed with blood. Sometimes blood is effused, and a partial hæmoptysis occurs. The secretion is usually thrown off by vomiting, especially in young children, who cannot expectorate. The appearance of the face in this disease is peculiar, being of a bluish color, accompanied by puffing of the eyelids. This is the effect of the violent efforts made in coughing, and the congestion consequent upon them. It is in some degree a measure of the severity of the disease.

When fever occurs it indicates the existence of inflammation of the lungs, and when high, is a symptom of much gravity. When the development of tubercles takes place towards the close of the disease, the fever continues with a quick, irritable pulse. It is usually the miliary form of tubercles which occurs under these circumstances, and is almost always fatal.

The *diagnosis* is pretty clear after the second week: the paroxysmal character of the cough, with its whooping inspiration, its complete intermission, and the recurrence of the paroxysm during any disturbance of the mind, are sufficient to characterize it.

The *prognosis* is generally favorable in the simple forms of the disease, but becomes less so in proportion to the severity of the complications.

Treatment.—As the disease cannot, as a general rule, be arrested, we should palliate its symptoms, and assist nature in the means which she has pointed out for its relief; we should, therefore, promote the secretion in the tubes, and favor its removal. Therefore we should employ mild emetics, which tend to bring about both these ends. They should be given once or twice a day for a week or two. In this affection there is always a disposition to vomit; and as this action, brought on by artificial means, is milder than when it occurs spontaneously, emetics afford very great relief. After this treatment has been continued for the time above specified, we should make use of remedies whose action is slower but analogous to that of emetics, for this is the means pointed out by nature for the cure of the disease; and it is a maxim in therapeutics, that when a secretion is intended by nature to remove any diseased state of the economy, we should favor or moderate it, and not arrest it. Ipecacuanha, in the usual expectorant doses, may be used for this purpose, and answers very well—but one of the best remedies in this affection is assafœtida, as it favors expectoration, and also controls the disorder of the nervous system, which constitutes so large a part of the disease. It may be given to children of eight or ten years, in doses of two or three grains, several times daily. However, it cannot always be given internally, as it is so repulsive to the senses; applied externally,

in the form of a plaster, it acts very well, producing an impression on the nervous system, and moderating the paroxysms. Ammoniac, galbanum, &c., are used in the same manner. Revulsives to the chest are useful, but not always necessary; when required, I prefer sinapisms to blisters or moxas. There is another remedy which is much more powerful than these—that is, the extract of belladonna; I know of no practitioner who uses it more boldly, or with better effect, than Dr. H. Corson, who resides not far from this city. I regret that I have not his formula at present. Still, you cannot be too cautious in the administration of this medicine, which is certainly always attended with some risk. The success which attends its administration in hooping cough, is stated to be greater than that of any other remedy.

The clothing should be warm, flannel to the chest, &c.

The complications are various affections of the lungs, which are, when very acute, to be treated by general and local bloodletting, and other remedies required in the affections occurring idiopathically. Phthisis occurs as a sequela of this disease, and does not require medication; it is best treated by a change of air, which is advantageous in the declining stages of all severe cases of pertussis.

As pertussis rarely occurs with adults, we are apt to make an incorrect diagnosis when it does thus occur: this should be borne in mind, as we might confound it with a variety of bronchitis resembling pertussis, which is exceedingly difficult to get rid of. Ordinary bronchitis may be complicated with the nervous spasm; but the disease should not be confounded with pertussis, unless the spasms are disproportioned to the bronchial affection. This constitutes the peculiarity of the disease, and gives to it that mysterious difference between it and other varieties of bronchial inflammation.—*Med. Examiner.*

ACTUAL CAUTERY IN GANGRENE OF THE MOUTH.

BY HENRY OBRE, ESQ., HOUSE SURGEON TO THE MARYLEBONE INFIRMARY.

March 18.—Charles Harris, aged 9 years, living in a damp, unhealthy atmosphere, was attacked a few days since with fever, which quickly terminated in typhus. He was in a low, insensible state for two or three days, requiring wine and stimulants to recover him. When sufficiently recovered to sit up in bed, on the 25th, an ulceration was perceived on the external and back part of the gum of the left upper maxilla, having an ash color. This had increased to such an extent before being discovered, that the two first molar teeth were loose, and soon fell out; the fauces were covered with aphthæ, the tongue and other parts of the mouth remaining perfectly natural. The ulcerated surface was touched with muriatic acid, mixed with honey; and he continued the use of quinine and red wine, which he has been taking since.

26. The ulceration has passed to the mucous membrane of the cheek, which is hard, swollen, and has a glazed appearance externally, except in one point in the centre, which feels soft, as if the disease had nearly passed through; pulse small; no diarrhœa, perspiration, or any symp-

tom of debility. Nitric acid was applied to the ulcerated surface, the mouth cleansed with a gargle of bark and alum, and a blister applied to the back of the neck.

29. The gangrene has passed through the cheek to-day; its size is about that of a half crown; it presents a dark color, and gangrenous fœtor; the hands require to be restrained to prevent his disturbing a poultice of yeast which has been applied; the ulcer to be washed with a solution of chloride of soda; he sits up in bed, and eats mutton-chops, indeed anything he can get, his appetite being seldom satisfied.

30. The disease has increased in extent, nearly joining the commissure of the mouth in front, and passing back to within an inch of the tragus. The parents having consented, the actual cautery was applied to the diseased surface, on the external parts, with little uneasiness to the child. From this time until the 4th of April, the disease was perfectly arrested, when it began to increase under the integument. The edges of the sore were irregular and everted, the internal parts of the mouth quite exposed from the wound, and also the superior maxilla as high as the zygoma. Being afraid that the lower eyelid would be destroyed, as the disease was extending in that direction, the cautery was repeated with the same success as previously. Charcoal was ordered to be sprinkled on the poultice, the smell of the chlorine being unpleasant.

8. The greater part of the slough produced by the last application is coming away; granulations on many parts are making their appearance; perspirations have come on this last day or two; in other respects he is improving, eats, drinks and sleeps well. Another of the double teeth on the diseased side has fallen out.

Those parts not showing a disposition to heal, on the 10th were touched with nitro-muriatic acid. The perspirations have left him; had an attack of diarrhœa this morning, for which he was ordered aromatic confection. The boy is up and walking about the room; continues the use of wine, meat, &c. From this time the wound gradually improved, and he attended at the infirmary two or three times a week; the face being perfectly healed, excepting a small part the size of a pea. He is unable to open the mouth to a greater extent than half an inch, in consequence of an adhesion of the cheek near the mouth to the gums on the diseased side, which can easily be remedied by the division of the adhesion. The face is not disfigured to the extent that would have been supposed.

On the 2nd of January, 1840, Margaret Dagnell, aged 3 years, became my patient, when the following history was elicited from her parents, who are laboring people: Previous to the present illness the child was never seriously indisposed, always resided in a confined neighborhood, either in London or Manchester, her diet being chiefly vegetable; she seldom took animal food, in consequence of their poverty. About a month since, an epidemic of measles prevailing, she was attacked slightly, being ill only a few days. While convalescent, some small spots or ulcerations were observed on the inner surface of the lower lip and gums, for which the child was taken to a druggist, who or-

dered a bitter mixture; no other medicine being given. The ulceration now rapidly increased, and destroyed part of the lower lip and gum, loosening the lower teeth, all of which fell out in a few days, except the first molar on each side.

The child lays on the back, appearing to suffer little or no pain; the lower part of the face has a frightful aspect, the covering of the lower jaw anterior to the insertion of the masseter is quite denuded, except a narrow communication joining the angles of the mouth; the exposed bone beginning to decay; the integument surrounding the disease is pale, tumid and hardened; fœtor most unpleasant; pulse 108; tongue covered with a brown fur; the hands are continually thrown about, and attempts made to pick her face; wine and quinine were given internally; warm applications to the face.

3. The gangrene much increased, has destroyed the communication between the angles of the mouth, and separated the base of the tongue from the bone, passing down nearly to the os hyoides, exposing the submaxillary gland, which is but little affected. The actual cautery was applied all over the diseased surface on the external parts, which seemed not to be perceived by the child; chlorine cloths were applied, and the mouth washed with a gargle of bark. A quantity of sanious fluid flowed through the wound.

4. The gangrene has not extended externally, where the cautery has been applied; not so inside the mouth, which has been touched with nitric acid to-day; the child is fed with fluids, the head being held back to prevent their flowing out through the chasm. The child remained in this state until the 6th, when it died, exhausted by diarrhœa; the toes of the left foot, for a day or two before death, were cold and blue; flannel was kept applied to them; the teeth and gums of the upper jaw remained perfect.

Remarks.—The cases which I have related above, demonstrate the very great efficacy of the actual cautery in extensive destruction of the face from gangrena oris. I was induced to employ the actual cautery on the recommendation of Dr. P. Hennis Green, who informed me that he considered it to be the only remedy which afforded any chance of arresting the gangrenous destruction of the soft parts, after perforation of the cheek. In the first case a complete cure was obtained; in the second the child died, but the cautery completely arrested mortification at the parts to which it was applied, and would probably have been attended with the same success as in the first case, if it had been employed under equally favorable circumstances. I am not aware that the actual cautery has ever been used in this country in the treatment of gangrena oris, although most of our writers recommend it, on the testimony of Baron, Isnard, and Marjolin. It is evidently a powerful agent, and is worthy of a trial in that severe form of a disease, which, according to Dr. Willis, destroys 19 out of 20 of those attacked.—*Lancet.*

ANEURISM BY ANASTOMOSIS.

BY W. C. WORTHINGTON, SURGEON TO THE LOWESTOFT INFIRMARY.

It may be affirmed that aneurism from anastomosis has, until within the last few years, been far too little understood; the surgeon not being acquainted with its exact nature, has performed only very imperfect operations for its cure. Mr. John Bell is allowed to have been the first person who accurately described the disease: previous to his time, very vague conceptions were entertained regarding its true character, and it was not until this distinguished surgeon published his "Principles of Surgery" that it was looked upon as deserving more serious attention. Amongst modern surgeons Mr. Liston stands foremost on this subject, having contributed, through the medium of your valuable Journal, several interesting cases in elucidation of this kind of aneurism; to him we are indebted for much important information as regards both its pathology and treatment.

In adverting to the true character of this disease, I feel I cannot do better than transcribe Mr. Bell's own account of it: "The swelling is a congeries of active vessels, and the cellular substance through which these swellings are expanded, resembles the gills of a turkey-cock. The tissue is made up of small and active arteries, absorbing veins, and intermediate cells: the irritated and incessant action of the arteries fills the cells with blood; from these cells it is re-absorbed by the veins; the extremities of the veins themselves, perhaps, dilate into this cellular form. There seems to be a perpetual circulation of blood, for there is constant pulsation, the tumor is permanent, but its occasional variation in bulk is singular; it swells like the gills of a turkey-cock in a passion; it is puffed up by exercise, drinking, or emotions of the mind; it is filled and distended with blood upon any occasion which quickens the circulation, as by venery, menstruation, the pleasures of the table, heated rooms, or the warmth of bed. The tumor beats continually, increases slowly; its surface bursts; it bleeds from time to time; its pulsation and hæmorrhages give it a title to rank with aneurisms, and its internal structure is such that I may venture to name it 'aneurism from the dilatation of anastomosing vessels.'"

It is to be feared that even in the present day this disease has, in some instances, been far too little thought of, and its cure attempted on unsound principles; pressure is not only inadmissible, however judiciously applied, but has frequently been found to aggravate the complaint. Simple incisions into the swelling have, also, sometimes been tried; the result has been active hæmorrhage, controlled only by pressure, the patient, perhaps, being exposed to great exhaustion from loss of blood. When it is considered that the texture of the tumor is made up of a congeries of enlarged vessels, freely anastomosing with each other, it follows that no plan of treatment, short of complete insulation of the morbid tissue, affords the least rational hope of a permanent cure, whenever the disease is situated in a part to admit the use of the knife. It *must, therefore, not be cut open*, but *cut out;* and the incision should extend to the undivided branches of the arteries before

they have formed their inosculations. In cases where incisions cannot be safely practised, the plan of needle and ligature, adopted by Mr. Liston, may be employed. The following case, which lately came under my care, affords a further exemplification of the above remarks :—

R. R., Esq., aged 21, about two years since observed a swelling on the centre of the forehead; at this time it was not larger than a split pea. It soon began to throb, and slowly, but uncontrollably, to grow larger, unattended by pain, or tenderness upon pressure. From its slow development Mr. R.'s attention was not particularly directed to it, until about six months since, when it rapidly enlarged; it was shortly after this period that he consulted me. In the centre of the forehead I found a pulsating tumor, not of a very circumscribed form, approaching the size of an almond. On its upper surface was observed a purple spot, the lower portion of the skin appearing quite sound; it was easily compressed, but re-distended itself when the finger was removed from its surface; both temporal arteries could be distinctly traced, large, tortuous and throbbing, entering the upper third of the tumor, whilst the orbitary artery beneath greatly increased in calibre, was found to enter its right and inferior portion. The pressure of these vessels by the finger caused the pulsation to be more feeble, but did not suppress it entirely; bodily exertion or mental excitement invariably augmented both its size and throbbing.

Mr. Crosse, of Norwich, who saw the case in consultation with me, agreed with my opinion as to the expediency of cutting out the morbid tissue. On Saturday, the 3d day of May, I performed the operation, assisted by an intelligent friend. An incision was made on each side the tumor, forming an ellipsis, and these at such a distance from each other as completely to encompass the diseased mass; the tumor was rapidly dissected out, laying bare the pericranium. For a short time the bleeding was vehement, until the divided trunks of the arteries which nourished the disease were secured by ligature: these means, in conjunction with moderate pressure, effectually arrested the hæmorrhage. For the first two or three days cold-water dressings were employed, and at the end of a month cicatrization of the wound was completed.—*Ibid.*

SULPHUR IN RHEUMATIC AFFECTIONS.

BY CHARLES CLAY, SURGEON, MANCHESTER.

I HAVE used sulphur for some years, very successfully, in chronic rheumatic affections, in which I think it a valuable remedy. I was first induced to try it, from observing the very marked effect of bandages enclosing sulphur, when applied round the limbs affected (Cole's patent bandages being on this principle). The relief in many cases was immediate. Some time after this, an elderly female came under my care for psora, independent of which she was much troubled with chronic rheumatism. While she used the means for curing the eruption, all the pains of her former affection disappeared; but as the eruption soon disappeared also, and the application of the sulphur ointment was no

longer required, it was given up. Soon after, however, the rheumatism returned. I then advised her to take a drachm and a half or two drachms of the following powder, two or three times daily in milk :— R. Washed sulphur, ʒiij. ; liquorice powder, ʒj.

By the steady use of this medicine, for the space of three weeks, she was entirely freed from her old tormentor. As this was some years ago, she has had occasional returns, which have invariably given way to the same remedy. I have since tried it in a considerable number of cases, and though not successful in every one, sufficient relief was obtained to add credit to the application, and in a vast majority of cases, the affection was entirely removed.

In addition to the washed sulphur administered internally, I am also in the habit of applying plasters around the wrists and ankles, composed of two thirds of lead plaster, and one third of washed sulphur; the first melted down, and the latter stirred quickly in, and spread on leather. I have found considerable advantage in exhibiting it in acute cases, as it does not in the least interfere with any antiphlogistic treatment. In some cases it is apt to purge too actively; in such, the dose is regulated accordingly. A gentle action on the bowels is, however, requisite. In cramp pains the sulphur is, to a certain extent, a specific; and Dr. Chapman's remarks, in his "Elements of Therapeutics," are founded on fact. I have frequently seen cases of cramp pains in the arms relieved by grasping a roll of sulphur.

Under such views, I am not in the least surprised at the success of Dr. Munk, when applying this remedy in cases of angina pectoris, the paroxysm of which may be, as Drs. Heberden and Forbes have suggested, *a cramp or spasm of the muscular structure of the heart.* I have, like Dr. Munk, found great objections made to the smell of sulphur remedies; and it would be a great desideratum if we could divest it of that fault without impairing its qualities. As this, however, is unlikely, we must bear with the inconvenience, confident that patients laboring under long-standing rheumatism, or cramps, would be glad of relief at the expense of a bad smell. Sulphur deserves a more general trial by the profession at large.—*Ibid.*

RELIEF OF STRABISMUS BY DIVISION OF THE TENDON OF INTERNAL RECTUS MUSCLE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—When, in the last number of your Journal, you quoted me as having said to you, that the "division of the recti muscles was one of the simplest affairs in the whole field of surgery," either you misapprehended my casual remark, or else I spoke inconsiderately. Although the operation is not so complex as some, there are many which are less so, and I merely intended to say, that the internal rectus muscle might be divided with ease and certainty. The other recti muscles I have found, on a dead subject, to be not so accessible, and fortunately they can

but seldom need to be divided. I subjoin a brief account of the case to which you refer.

Miss S. H. has had both eyes turned inward from birth, the strabismus being greatest in the left, the pupil of which is not unfrequently hidden at the inner canthus. The operation was performed Sept. 9th, upon the left eye, with the assistance of Drs. Davenport and Gray, in the mode described by Mr. Lucas, of London, which differs from that practised by the original inventor, Dieffenbach, in substituting a hook for forceps with which to raise the conjunctiva, and in everting the eye by means of a blunt hook passed under the tendon of the muscle, rather than by hooks seizing upon the sclerotic; by the first of which changes the operation is certainly much facilitated, while by the second all risk of wounding the internal textures of the eye is obviated. The right eye being bandaged, and the left everted as far as possible, bringing the cornea in this case a little nearer to the external than the internal canthus; the conjunctiva, raised upon a hook inserted about two and a half lines from the cornea, was divided from within outwards, leaving the hook in that portion of conjunctiva towards the inner canthus. A portion of cellular tissue, which became infiltrated with the few drops of blood that had escaped, being divided, the tendon of the muscle was fairly exposed, and, a blunt hook being carried beneath, it was brought forward and divided with scissors. The patient kept her eye steadily everted, and says that she experienced but little pain. No immediate alteration was seen in the condition of the eye, except that she could at once turn the cornea quite to the outer canthus. Eyes to be closed, and the left covered by a fold of linen frequently dipped in cold water. Light diet. No pain was experienced, except a dull aching for about 24 hours after the operation; no inflammation took place beyond the limits of the incision in the conjunctiva; and on the third day, the eyes were directed to be uncovered (she had been previously reading with the right). A slight abatement of the strabismus was perceptible, and she stated, that in everting this eye, she did not feel, as formerly, a tension as of a cord toward the inner corner.

A gradual improvement has since taken place, and although the strabismus has not wholly disappeared, there is now a decided amendment of it. She remarked to me spontaneously, that she was confident, without looking at the eye, that the strabismus must have lessened, because her vision is increased; the left eye being now used together with the right.

Boston, Sept. 24th, 1840. JOHN H. DIX.

TRILLIUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—For several years I have been trying the virtues of Trillium in internal hemorrhagic cases. I know not how extensively this has been used by my professional brethren, but the only physician whom I have heard recommend this article was the late Professor Nathan Smith, of Yale Medical College. I believe he frequently prescribed the trillium

in uterine and other cases of hemorrhage, and I heard him, in his lectures on theory and practice, strongly favor its use. He generally prescribed it in powder, in doses of from a small to a large spoonful, every 2, 4, or 6 hours, according to the urgency of the symptoms. In the year 1830 I first used it in a severe case of hematemesis of an old lady of feeble constitution, whose symptoms were not controlled by emetics and cathartics, and also opium and lead united. The trillium was ordered in two-teaspoonful doses, in powder, every hour, until hemorrhage should be checked. Two or three doses were in this case sufficient to entirely command the symptoms, and no relapse followed. In a severe case of uterine hemorrhage, of several months' standing, where the lady was confined for the most of her time to bed (as any other position than the recumbent would cause an immediate and often profuse discharge), the trillium was used in large doses, repeated every 4 or 6 hours, for three weeks, with perfect success, and no relapse followed. In this case astringents, tonics and opiates, separate and conjoined, together with counter-irritants, had been used with little or no effect. Ergot had a more decided benefit than all other medicines, but did not long control the hemorrhage. I have also found the trillium useful in epistaxis, but not equal to the comp. tinct. of vitriol.

From the experience I have had, I should think the trillium had a more decided effect in uterine hemorrhage of the passive kind, than all other remedies. Indeed, I have never used it when the pulse indicated venesection, until reduced, and consequently cannot judge whether it would be useful in the first stages of entonic hemorrhage. One of my medical friends found the trillium beneficial in hemorrhage of the bowels from typhus. I never had occasion to use it under such circumstances, and know nothing from experience.

I should not have written thus briefly upon an article which I think worthy of more attention, had I not wished to fill up a sheet otherwise intended. You will of course make what use of these hasty remarks you choose.

D. H. Hubbard.

Bloomfield, Ct., Sept. 22d, 1840.

LARGE TUMOR OF THE FACE.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—As the subject of tumors is one of much importance to the practising surgeon, it may be of some service to mention a case which I saw a short time ago while travelling in Maine. The patient was a girl about fifteen years of age, rather of a scrofulous diathesis, combined with a nervous temperament. She has a tumor that commenced about two years since, with a pain on the right side of the face, near the angle of the inferior maxillary bone. It was at first a small, hard tumor, which was operated upon twice, with but little good effect, for as soon as the incision healed, the tumor commenced growing again, and has grown rapidly for the last six months. At the present time it is as large as the head of a full-grown fœtus, involving the eye, mouth and

ear. I beg leave to express a hope that Dr. McRuer, of Bangor, the attending surgeon, will make a full report of the nature and history of the tumor through the columns of your Journal, for the benefit of the profession.

Respectfully yours,

Marblehead, Sept. 14, 1840. J. H. Coggeshall, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 30, 1840.

DEATH OF DR. TICKNOR.

With feelings of profound sorrow, we announce to the profession the recent death of Caleb Ticknor, M.D., of the city of New York, who has been taken away in the meridian of his usefulness, at the age of 36. Dr. Ticknor was extensively known in this country and in Europe. His Philosophy of Living, a work greatly admired, gave him a reputation wherever the English language is spoken. He was talented, industrious and philanthropic, and devoted to the science of medicine because it gave him an opportunity of doing good. It is our impression that he was a native of Salisbury, Conn., and one of three brothers, who were physicians. One of the number is an eminent surgeon in the naval service, and the other still resides at Salisbury. The lamented subject of this brief notice received his professional education at the Berkshire Medical Institution—a circumstance of which the friends of that school may well be proud.

Very many papers have appeared in the Journals which were from the pen of Dr. Ticknor, though perhaps rarely known to have been from that source. Such was the fact in regard to articles in this Journal. We were expecting a critical essay from him, about which letters have but recently been interchanged, when the melancholy intelligence of his death was accidentally discovered in one of the daily papers. He had engaged, too, to prepare several pages on the statistics of homœopathy in the United States, for the next volume of the Medical Almanac. A hope is entertained that the undertaking was completed before death closed his labors. Dr. Ticknor became a thorough convert to Hahnemannism, from an honest conviction that it was a rational system, notwithstanding the ridicule it so often excites. The idea of profiting by what is usually considered a hallucination of a portion of the civilized world, never once entered his mind. He was honest in his intentions, and dared to brave the public sentiment which at one time set with a strong flood against him. This is gleaned from his own letters to the editor. Although we differed with him entirely upon the merits and claims of homœopathy, the circumstance interposed no barrier to friendship. We esteemed him for his integrity and sterling worth of character, and now mourn his early death as an irreparable loss to the republic of letters, to science, and to humanity.

It should be the immediate business of those who are favorably circumstanced, to collect the various productions of Dr. Ticknor's hours of study, and append to them a memoir of his life, which, if published,

would be an acceptable offering to the friends and admirers of that excellent man.

Operation for Strabismus.—Dr. Parker, professor of surgery in the New York College of Physicians and Surgeons, performed the operation of dividing the internal rectus muscle of the eye, on the 2d inst., at Pittsfield, Mass. The deformity was of 20 years' standing. The eye immediately came to its right position. Although a delicate, it is a perfectly safe operation, and will doubtless become very frequent. It has been suggested that Dr. Parker's case was the first in this country; but on turning back to the Journal of Sept 16th, it will be seen that reference is made to the success of Dr. Hays, of Philadelphia, who had performed the operation three times. To-day we give a communication from Dr. Dix, of this city, on the same subject, which will be read with interest. Now some one must ascertain who has the honor of first copying Dieffenbach, in America. Mr. Liston has been thought to be the first in England, where much attention is now paid to it, though we perceive by a late No. of the Lancet that Mr. Bennett Lucas claims the honor of being the first. The following remarks by Mr. L. will give the reader some idea of his success.

"Since the last report of the cases in which I have operated, I have divided the inner rectus in six other cases, making a total of 38; and that experience, together with the experience of other surgeons, fully warrants me in stating, that the application to the human eye of the division of its muscles for deformities is still in its infancy. It is only by the surgeon keeping a faithful and accurate report of the cases which pass through his hands that improvements can be effected in this new operation. When I hear of 250 cases having been operated upon with perfect success in all, I confess I receive such a report with some degree of scepticism; more particularly when I have seen the eye to remain perfectly straight for 11 days, and then to incline again inwards, demanding a second operation. If the operation were one of difficulty, it might justly be said that some of the fibres of the muscle had not, in the first instance, been divided; but the man must be a sad bungler who leaves his operation thus imperfect. As I have already reported, I had to operate a second time in two cases, and I found the muscle adherent to the sclerotic coat, a very short distance behind its original insertion; and that it was this new attachment of the muscle which drew the eye slightly inwards on the 11th day; the proof of which was that on the muscle again being divided, the eye became straight.

"So intimately are the tendons of the ocular muscles connected with the sclerotica, that great care should be taken to avoid injuring the latter when dividing any of their tendons. A gentleman who was present some weeks since, at an operation for strabismus, told me that the sclerotica was divided, and that a portion of the vitreous humor escaped. The best instrument to provide against an occurrence of this kind is the blunt hook, which I have used in every instance, and which I take the credit of introducing to the notice of the profession, through the pages of the Lancet. With it and a common pair of straight scissors, the tendon of the muscle can safely and effectually be divided, without resorting to the unnecessary proceeding of dissecting the inner part of the ball of the eye perfectly clean; it protects the sclerotic coat perfectly, and it gives us complete command over the muscle and the eyeball, no matter how much the patient may struggle."

Surgical Instruments.—Having been gratified with an examination of several instruments recently manufactured by Mr. Charles A. Zeitz, a German, whose establishment is at No. 350 Washington street, in this city, we feel bound to speak in terms of warm commendation of his ingenuity and beautiful workmanship. Gentlemen in the country will be gratified to know that they are no longer obliged to forward their orders to New York or Philadelphia, since there is no contrivance denominated a surgical instrument, that cannot be expeditiously, thoroughly and elegantly made in Boston. It is an acquisition to the operators of the city, and in fact to those throughout New England, to have two such artizans as Mr. Zeitz and Mr. Phelps, who have been here a sufficient time to gain the confidence of the class of customers for whom they toil. Such are the facilities of communication with Boston, through rail-roads and steamboats, that goods may now be asked for and received at the remotest sections of the country in so short a period as to surprise those who are not personally conversant with this new order of things. Thus, under some circumstances, on deciding upon an important surgical operation, if found necessary to change the form of the principal instrument, or to have new ones suited to the peculiar circumstances of the case, a drawing may be sent off, fashioned in steel, and returned before any sensible injury would accrue to the patient from the trifling delay.

A tonsil cutter, an improvement upon the common tonsil instrument, invented by Mr. Zeitz, has excited the admiration of those who have seen it. The lancet is brought back into its sheath by a spiral spring, thus giving the operator the advantage of acting independently of an assistant—a point, apparently never contemplated in the construction of the common or old-fashioned instrument. This was expressly designed, it is said, for the Mass. Gen. Hospital—the surgeons of that institution being always prompt, to their individual honor, in securing, at once, every improvement in the construction of instruments.—Another, equally distinguished for the nicety of its construction, is a hernial bistoury. Dissecting cases, also, of a new pattern, and reasonable in price, besides a multitude of articles, a catalogue of which could not be well remembered, may be found at Mr. Zeitz's place of business—and we recommend him to the encouragement of the profession generally.

Mr. Phelps, who is located in Court street, is so well known as the manufacturer of numerous contrivances to better the condition of distorted invalids, that a further notice from this source would not materially extend the boundaries of his reputation.

Philadelphia School of Anatomy.—Dr. McClintock, favorably known to gentlemen who visit Philadelphia for medical instruction, has issued his annual circular and prospectus of the next course of anatomical lectures. One hundred and thirty-five persons were in attendance last year—which is the best of all comments on Dr. McClintock's ability to teach. It is a matter of surprise that some one of the medical schools of that city did not secure his services long ago. If, unaided and alone, without a single lift from a corporation lever, he can draw together, by the mere dint of his own reputation for being a superior teacher of practical anatomy, 135 pupils, in the very neighborhood of three medical institutions, it would be a capital move, on the score of economy, to place Dr. McClintock in a regular professorship. There are two or three other individuals

in Philadelphia, that might be named, who are eminently qualified to add to the reputation of any medical school.

New Books.—Prompted, as we occasionally are, to give notoriety to new books, we wish it to be distinctly understood that no such notices will be circulated through these pages, unless a copy is sent to the office. It is essential to be thus provided, since extracts, as specimens, cannot be made if the book is not at hand to copy from. There are several new publications at Ticknor's, both originals and Philadelphia reprints—the titles of which are not even known to us. How can we send abroad the intelligence which publishers or authors most desire, if we are not provided with one single fact in the case?

Rumination in Man. By Wm. Wilson, Surgeon, R. N.—In consequence of a communication from me to the Lancet of the 1st inst., on the subject of rumination in the human species, I received a letter from Lieut. J. A. Walker, on the half-pay 34th Regiment, of Cliff-house, Torquay, Devon, who keeps a very respectable establishment well calculated to improve the health of his young pupils, as well as to cultivate their minds. If you think the statement of one more case on that subject, treated, as he mentions in another part of his letter, "with attention to *simple* but often *neglected* points" of regimen, worthy of a place in your universally read hebdomadal, I send you the following extract from Lieut. Walker's very sensible letter:—

"Between two and three years ago a boy, aged 7, was placed under my care as a pupil, with special reference to his health, extremely diminutive, and in the habit of *bolting* and regurgitating his food; breath sour and fœtid, so much so as to taint the atmosphere of any apartment after a fit of ruminating.

"I simply made him eat slowly, masticate his food well, and use a sufficient quantity of salt, occasionally giving him some mild deobstruent, though at this distance of time I cannot exactly call to mind the precise medicine exhibited; at the same time I took especial care that he did not overload his stomach. In two or three weeks, adding a little salutary fear of correction to the medical measures, the obnoxious habit was pretty well subdued, and has long since been wholly abandoned; though still small, his physical development is much more healthy and vigorous. Indeed, from March 25th to June 25th, his expenses under the head of medicine, amounted to exactly *three pence.*"—*Lancet.*

Epulis, Removal of a Portion of the Lower Jaw.—W. L. was admitted to the University College Hospital June 8, under Mr. Liston. Six months ago she had bad teeth in front of the lower jaw, and perceived some slight swelling of the gum between the front teeth. This gradually increased, displacing the teeth, until the present time. It has never been painful, and does not discharge.

At present she has a swelling in front of the lower jaw, about the size of, but longer, than a nutmeg, involving the base of five teeth. It is but slightly elastic, does not discharge, and is exactly similar in texture to the gum. It only involves the upper part of the alveolar process. Mr. Liston determined on removing the tumor, and the alveolar process from which it arose. An incision was made with a crooked knife behind the

tumor; the lower lip was then somewhat separated from the lower jaw, and the soft parts at the base and side of the tumor divided. The alveolar process was then sawn down on each of the tumor, and the whole nipped across with a pair of cross-cutting forceps. Some lint dipped in cold water was applied to the part, and the hæmorrhage, which was but slight, soon ceased. No dressing was applied.

June 11. The patient is walking about as usual; the parts in the mouth are healing fast; she suffers no pain, and there is now but little salivation.

23d. The parts are quite healed, and the patient well.—*Ibid.*

Death of Graefe.—We regret to announce the decease of this distinguished surgeon, which took place on the fourth of the present month (July), at Hanover, whither he had repaired for the purpose of operating on Prince George, of Cumberland, for cataract. His remains have been conveyed back to Berlin.—*London Medical Gazette.*

They have a fine class of about 70 students at the Berkshire Medical School.

To Subscribers.—We are gratified in being able to acknowledge the attention of some of our distant subscribers, who have recently forwarded their subscriptions for the Journal. We are aware of the difficulty of obtaining, in some places, funds that will be of any service in Boston. In almost all cases, however, the current bills of the State in which each subscriber resides will be received, although we should of course prefer eastern bills when they can be procured. We wish our friends would bear this in mind, and also the fact that postmasters are authorized to forward money, free of expense, to publishers. Our subscribers at the South and West are sadly in arrears—so much so, that a pretty extensive circulation there has been of no pecuniary benefit to us the past year. Some little exertion on the part of each subscriber would in a great measure remedy this state of things.

Died,—At New York, Caleb Ticknor, M.D., 36, formerly of Salisbury, Ct.—At New Brunswick, N. J., Edward Carroll, M.D., 73, formerly of Jamaica.

Number of deaths in Boston for the week ending Sept. 26, 40.—Males, 17—females, 23. Stillborn, 1.

Of consumption, 7—hooping cough, 3—infantile, 2—dysentery, 3—lung fever, 2—fits, 1—child-bed, 1—fever, 1—casualty, 1—inflammation of the lungs 1—cholera infantum, 1—syphilis, 1—old age, 2—erysipelas, 1—drowned, 1—asthma, 1—canker in the bowels, 1—dropsy, 1—bowel complaint, 1—hemorrhage, 1—typhous fever, 1—paralysis, 1—croup, 1—smallpox, 1.

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by - - - T. Spencer, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by - - - C. B. Coventry, M.D., Utica.
Anatomy and Physiology, by - - - - - - James Webster, M.D., Rochester.
Chemistry and Pharmacy, by - - - - - - - James Hadley, M.D., Fairfield.
Materia Medica and General Pathology, by - - John Delamater, M.D., Saratoga Springs.
Principles and Practice of Surgery, by - - - - Frank H. Hamilton, M.D., Rochester.
Demonstrator - - - - - - - - Sumner Rhoades, M.D., Geneva.

THOMAS SPENCER, *Registrar.*
C. B. Coventry, *Dean.*

Geneva, July, 1840. Jy 15—t01

MASSACHUSETTS MEDICAL SOCIETY.

A Stated Meeting of the Councellors of the Society will be held at their rooms, rear of the Athenæum, Pearl Street, on Wednesday, the 7th day of October next, at 11, A. M.

S 16—tm GEO. W. OTIS, Jr., *Rec. Sec'y.*

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

MEDICAL LECTURES IN BOSTON.

THE Medical Faculty of Harvard University will begin their annual course of Lectures on the first Wednesday of November next, at the Massachusetts Medical College, Mason street, Boston. The Introductory Lecture will be given at 12 o'clock, M., in the Anatomical Theatre, on that day, and the lectures will continue four months.

Anatomy and the Operations in Surgery, by	Prof. WARREN.
Midwifery and Medical Jurisprudence, by	Prof. CHANNING.
Materia Medica and Clinical Medicine, by	Prof. BIGELOW.
Principles of Surgery and Clinical Surgery, by	Prof. HAYWARD.
Chemistry, by	Prof. WEBSTER.
Theory and Practice of Physic, by	Prof. WARE.

The students will have an opportunity of attending the medical and surgical practice at the Massachusetts General Hospital, and also of seeing the surgical operations performed there during the winter.

The Faculty have reason to believe that the provisions of the law legalizing the study of anatomy, will be carried more completely into operation than has heretofore been done, and that the facilities for practical anatomy will consequently be much increased. WALTER CHANNING, *Dean.*

Boston, July 6, 1840. Jy 15—tN1

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupilage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
Boston, June 24, 1840. ep1meop6m D. HUMPHREYS STORER,
OLIVER W. HOLMES.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

THE regular Lectures will commence on the first Monday of November.

The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.
2. GRANVILLE S. PATTISON, M.D., Anatomy.
3. JOHN REVERE, M.D., Practice of Medicine.
4. ROBLEY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.
5. ROBERT M. HUSTON, M.D., Obstetrics and Diseases of Women and Children.
6. JOSEPH PANCOAST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery. JOHN REVERE, M.D.,

Philadelphia, July 15, 1840. A. 26.—tN1 *Dean of the Faculty.*

LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the *powerful auxiliary* afforded by the use of the Lebanon Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested. JOSEPH BATES, *Lebanon Springs.*

August, 1840. A. 26.—12t CHILDS & LEE, *Pittsfield.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.